

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE STATE BUILDING INSPECTOR  
1111 COUNTRY CLUB ROAD  
MIDDLETOWN, CT 06457  
TELEPHONE: (860) 685-8310  
FAX: (860) 685-8365

FILE # \_\_\_\_\_

FOR OFFICE USE ONLY

\_\_\_\_\_  
DATE

### REQUEST FOR ACCESSIBILITY EXEMPTION OF THE STATE BUILDING CODE

(Per C.G.S. Section 29-269 (b))

PLEASE TYPE OR PRINT CLEARLY. COMPLETE APPLICATION IN ITS ENTIRETY. ANY MISSING INFORMATION MAY RESULT IN DELAYS. RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS. **ALLOW 4 - 6 WEEKS FOR PROCESSING.**

1. Name of Building: \_\_\_\_  
Street Address: \_\_\_\_  
Town: \_\_\_\_ State: CT Zip Code: \_\_\_\_
2. Building Owner: \_\_\_\_
3. Applicant's Name: \_\_\_\_ Telephone: \_\_\_\_  
Note: If applicant is different than the owner, include owner's appointment in writing authorizing you as the agent.  
Name of Person to Contact: \_\_\_\_ Telephone: \_\_\_\_  
Applicant's Street Address: \_\_\_\_  
Town: \_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_
4. Date of Approval of Current Building Permit: \_\_\_\_
5. Use Group (according to Section 302 of State Building Code): \_\_\_\_  
A. Was there a change of use: ☐ Yes ☐ No  
B. If yes from \_\_\_\_ to \_\_\_\_
6. Type of Construction: \_\_\_\_
7. Square Foot Area of Building (Total): \_\_\_\_  
Square Foot Area of Addition or Alteration: \_\_\_\_
8. Number of Stories: \_\_\_\_
9. Check Applicable Designation:

☐ New Building   ☐ Existing   ☐ Addition   ☐ Alteration   ☐ Other (Explain) \_\_\_\_

10. Cost of Building Alterations or Additions: \_\_\_\_

11. Replacement Cost of Existing Building (excluding value of land): \_\_\_\_

12. Building Code Section(s) that accessibility exemption is requested from: \_\_\_\_

13. Clearly state the accessibility exemption sought so reviewers will be able to act without unnecessary delay. \_\_\_\_

14. Copy sent to local building official?      ☐ Yes      ☐ No

15. Include two (2) sets of plans (sketch) with dimensions and/or two (2) sets of pictures with this application to illustrate your request.

### AFFIDAVIT

I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

☐ **The Office of the State Building Inspector cannot accept this form electronically. Please mail a paper copy of the signed form to the Office of the State Building Inspector.**